10-10-07

## PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Roy 1450

Express Mail No.: EV 913 329 510 US

_	RADE			or Fax	(571)-273-2885	ginia 22313-145 <del>0</del>		
II aq in	NSTRUCTIONS: This propriete. All further of dicated unless correcte	form should be used for correspondence includin d below or directed oth	or transmitting the ISSU g the Patent, advance or crwise in Block 1, by (a	E FRE and PUBLIC ders and notification ) specifying a new c	CATION FEE (if req of maintenance fees correspondence addres	uired). Blocks 1 through 5 will be mailed to the curre s; and/or (b) indicating a se	should be completed where nt correspondence address as parate "FEE ADDRESS" for	
<u></u>	STEED TOO HOUSE	unce foe BODDERSONS.  DIT CORRESPONDENCE ADDRESS (Nest: Use Block i for any change of eddress)				Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying speer. Bob additional speer, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	20583 7990 07/10/2007 JONES DAY 222 EAST 41ST ST NEW YORK, NY 10017				l boroby cordify that this Focio   Transmission   I boroby cordify that this Focio   Transmission is being deposited with the United States Fortal Service with sufficient portage for first elass mail in an envelope addressed to the Mail Stop ISSUE PEE address above, or being factomic transmitted to the USFTO (571) 277-2885, on the date indicated below.			
10/11/2007 HDESTA2 00000019 503013 09701450							(Depositors nems)	
01×FC:1501			.400				(Signeture)	
02 FC:800							(Date)	
. г	APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	VTOR.	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
٠ ـ ـ	09/701,450 11/27/2000			Wolfgang Fleisch				
, ,	GENTS PROMOTING	THE HEALING OF W	OUNDS, TO THE LOWI	ER RESPIRATORY	TRACI	LLY ANTISEPTIC AGENT		
	APPLN. TYPB	SMALL ENTITY	ISSUB FEE DUB	PUBLICATION FEB I			10/10/2007	
	nonprovisional	NO	\$1400	\$0		\$0 \$1400 10/10/2007		
	EXAMINER		ART UNIT	CLASS-SUBCLASS				
	KISHORE, GOLLAMUDI S		1615	424-450000				
.,	FR 1.363).  Change of corresp Address form PTO/S1  "Fee Address" ind PTO/SB/47; Rev 03-C Number is required.	moe address or indicatio ondence address (or Cha 3/122) attached. ication (or "Fee Address 22 or more recent) attack	nge of Correspondence  "Indication form od, Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 1 registered patent attorneys or agent of N, alternatively. (2) the names of a simple firm (floating as a member a  2  2 registered patent attorneys or agent) and the names of up to 1 registered patent attorneys or agents. If no name is 1 inted, no name will be printed.				
	PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less am assignoe is idemi h in 37 CFR 3.11. Comp GNEE	ified below, no assignee eletion of this form is NO	THE PATENT (print or type)  data will spose on the patent. If an assignce is identified below, the document has been filled for f a substitution for filling as assignment. (S) RESIDENCE: (CITY and STATE OR COUNTRY)  Luxembourg, Luxembourg rinted on the patent):     Individual 60 Corporation or other private group entity   Government				
•	4a. The following fee(s) are submitted:  23 Issue Fee  33 Publication Fee (No small entity discount permitted)  25 Advance Order - # of Copies  10			b. Payment of Fee(s):	f Foo(s): (Please first reapply any previously paid issue fee shows above) is enclosed. ty profit card. Form PTO-2038 is attached, setor is bereby subharized to charge the required foo(s), any deficiency, or credit any man, to Deposit Account Number 20-2013. (exclose an extra copy of this form).			
3	5. Change in Entity States (from status indicated above)							
,	Applicant claims SMALL ENTITY tables. See 37 CPR 127. Lb. Applicant is no longer claiming SMALL ENTITY status. See 37 CPR 127(RAF).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the satigace or other party is increast as shown by the records of the United States Fetant and Trademark Office.							
<u>i</u>								
	Authorized Signature Typed or printed name	Laura	A. Coruzzi	REG NO 40,	207 Paristration	ctober 8, 20		
7 8 8 1 7	This collection of inform in application. Confident submitting the complete his form and/or suggest lox 1450, Alexandria,	nation is required by 37 of tiality is governed by 35 of application form to the times for reducing this but in 12 1450. DO	FR 1.311. The information U.S.C. 122 and 37 CFR to USPTO. Time will vary riden, should be sent to the NOT SEND FEES OR persons are required to re-	on is required to obtain 1.14. This collection of depending upon the Complete Description of the Complete Description of the acceleration of the collection	in or retain a benefit b is a estimated to take I individual case. Any officer, U.S. Patent a MS TO THIS ADDRE of information unless	y the public which is to file ( 2 minutes to complete, inche comments on the amount of od Tademark Office, U.S. E SS. SEND TO: Commission it displays a valid OMB cont	and by the USPTO to process ding gathering, preparing, an f time you require to complet epartment of Commerce, P.C. er for Patents, P.O. Box 1450 trol number.	

PTOL-85 (Rev. 07/07) Approved for use through 07/31/2007.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE